STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G606	A. BUILDING 01 B. WING	08/07/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM-INDIANA INC	3025 GREENHILLS LN S INDIANAPOLIS, IN 46222

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K010000	A Life Safety Code Recertification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j). Survey Date: 08/07/14 Facility Number: 001175 Provider Number: 15G606 AIM Number: 100245640 Surveyor: Mark Caraher, Life Safety Code Specialist At this Life Safety Code survey, REM-Indiana, Inc. was found not in compliance with Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies. This one story building with a basement was determined to be fully sprinklered. The facility has a fire alarm system with smoke detection on all levels in corridors, in bedrooms and in all living areas. The facility has a capacity of 8 and had a census of 6 at the time of this survey.	K010000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.0. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/11/14. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K01S147	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD The administration of every resident board and care facility has in effect and available to all supervisory personnel written copies of a plan for protecting of all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating persons from the building when necessary. The plan includes special staff response, including fire protection procedures needed to ensure the safety of any resident, and is amended or revised whenever any resident with unusual needs is admitted to the home. All employees are periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction is reviewed by the staff not less than every 2 months. A copy of the plan is readily available at all times within the			

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	facility. 32.7.1, 33.7.1 Based on record review and interview, the facility failed to periodically instruct staff of a plan for special staff response, including fire protection procedures needed to ensure the safety of 6 of 6 clients in the facility. This deficient practice could affect all staff and clients. Findings include: Based on record review with the Home Manager from 1:05 p.m. to 1:35 p.m. on 08/07/14, records of staff instruction and review of the facility's written protection plan was not available for review. Based on interview at the time of record review, the Home Manager stated new staff are trained at the time of hiring but acknowledged records of periodic staff instruction regarding special staff response and the protection plan for the facility was not available for review. Furthermore, based on review of "Fire Drill Report" documentation, there was no record of a fire drill conducted on the first shift in the first quarter of 2014, or on the second shift and third shift in the third and fourth quarters of 2013 available for review.	K01S147	All Direct Support Professionals will receive a retraining every other month to ensure that they understand the importance of completing the monthly fire drills. The retraining will include reviewing a copy of the Fire Drill Schedule. Ongoing, the Direct Support Professionals will complete one fire drill per month (or more as needed) according to the schedule to ensure that the health and safety of the client's needs are met. Ongoing, all completed fire drill reports will be turned into and reviewed by Quality Assurance for accuracy and thoroughness of each drill.	09/06/2014

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K01S152	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures. (2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to a safe area in facilities certified under the Health Care Occupancies Chapter of the Life Safety Code. (3) Facilities must meet the requirements of paragraphs (i) (1) and (2) of this section for any live-in and relief staff that they utilize. Based on record review and interview, the facility failed to provide documentation of a fire drill conducted on the first shift for 1 of 4 quarters and on the second and third shift for 2 of 4 quarters. This deficient practice affects all clients, staff and visitors. Findings include:	K01S152	The fire drill schedule for 2014 was written so that drills each month are scheduled in more varied time frames that the previous 2013 schedule. The Home Manager and ProgramDirector will ensure staff run all 2014 fire drills and that they are completedper the 2014 schedule monthly which will ensure the drills on all shifts arevaried in time frame. All	09/06/2014

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	Based on review of "Fire Drill Report" documentation with the Home Manager during record review from 1:05 p.m. to 1:35 p.m. on 08/07/14, documentation of a fire drill conducted on the first shift (6:00 a.m. to 2:00 p.m.) in the first quarter of 2014 was not available for review. In addition, documentation of a fire drill conducted on the second shift (2:00 p.m. to 10:00 p.m.) and the third shift (10:00 p.m. to 6:00 a.m.) in the third and fourth quarter of 2013 was not available for review. Based on interview at the time of record review, the Home Manager acknowledged documentation of a fire drill conducted on the aforementioned shifts and quarters in 2013 and 2014 was not available for review.		Direct Support Professionals will receive a retrainingevery other month to ensure that they understand the importance of completingthe monthly fire drills. The retraining will include reviewing a copy of theFire Drill Schedule. Ongoing, the Direct Support Professionals will complete onefire drill per month (or more as needed) according to the schedule to ensurethat the health and safety of the client's needs are met. Ongoing, all completed fire drill reports will be turned into and reviewed by Quality Assurance for accuracy and thoroughness of eachdrill. Responsible Party: Program Director and Home Manger	